

Clermont County
Community Housing Improvement Program (CHIP)
Housing Rehabilitation Application

Please check one:

_____ Home Repair _____ Owner Private Rehabilitation

Note: Home Repair: amount of assistance is a 5 yr lien which depreciates by 20% per year and at end of 5 yrs is considered paid in full. Maximum assistance is \$8,000. Private Owner Rehabilitation: assistance is a 10 yr forgivable lien at 85% of cost of rehab forgiven with 15% permanent lien. Maximum assistance is \$35,000.00

Dear Applicant,

Thank you for your request for an application. To complete your application we will need the following information:

- Proof of current income (must have three consecutive payments) for all household members. Age 18 years and older - pay stubs, or letter of income, social security; bank statement if direct deposited, child support, alimony, etc.
- Must be current with your property taxes
- Must be current with mortgage (last 6 months)
- Please provide copy of drivers license
- Proof of Homeowners Insurance (Declaration page)
- Copy of deed

NOTE: All income for program eligibility is based on current income. Current income will be projected to yearly gross income.

As soon as the office receives this information, we will contact you regarding your next qualifying step. **Completion of this application does NOT guarantee funding.** You may mail the completed application and necessary paperwork to the address below.

If you have any questions, or problems completing the application please contact our office so we may **schedule a time for you to come into the office for assistance.** **If you intend to drop off your completed application, please call and make an appointment with Jim Taylor (513) 732-7904 to do so.**

Return this application to:

Sincerely,

Please check the appropriate boxes below. This optional information is to be used for statistical and report information:

Is the head of household: ☐ Male ☐ Female

Applicant Ethnicity

(A.) ☐ White (B.) ☐ Black or African American (C.) ☐ American Indian, Alaska Native (D.) ☐ Asian
(E.) ☐ Native Hawaiian or Other Pacific Is., (F.) ☐ American Indian, Alaska Native & White
(G.) ☐ Black, African American & White (H.) ☐ American Indian, Alaska Nat. & Black, Afr. Amer.
(I.) ☐ Asian & White (J.) ☐ Other Multi-Racial

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Co-Applicant Ethnicity

(A.) ☐ White (B.) ☐ Black or African American (C.) ☐ American Indian, Alaska Native (D.) ☐ Asian
(E.) ☐ Native Hawaiian or Other Pacific Is., (F.) ☐ American Indian, Alaska Native & White
(G.) ☐ Black, African American & White (H.) ☐ American Indian, Alaska Nat. & Black, Afr. Amer.
(I.) ☐ Asian & White (J.) ☐ Other Multi-Racial

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino



APPLICATION

CHIP Application and Analysis

APPLICANT (head of household)

Full Name _____
Social Security # _____
Address _____
Email, if applicable: _____
Home Phone _____
Age _____ Birth date _____
Sex _____ Race _____

Marital Status:

Married _____ Separated _____

Unmarried _____ Widow _____

Are you employed _____

Part-Time _____ Full-Time _____

Employer Name _____

Address _____

Position _____ #of years _____

Business phone _____

Name, Relationship and age of others:

Number of people living in home _____

_____	age _____
_____	age _____
_____	age _____
_____	age _____
_____	age _____
_____	age _____

Number of Handicapped Residents _____

_____	age _____
_____	age _____



CO-APPLICANT

Full Name _____
Social Security # _____
Address _____
Email, if applicable: _____
Home Phone _____
Age _____ Birth date _____
Sex _____ Race _____

Marital Status:

Married _____ Separated _____
Unmarried _____ Widow _____
Are you employed _____
Part-Time _____ Full-Time _____
Employer Name _____
Address _____
Position _____ #of years _____
Business phone _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

1. Year home was constructed: _____, How long have you lived at the above address? _____
2. Type of Structure: _____ (Single Family, duplex)
3. Type of Construction: _____ (frame, block, other)
4. Number of Bedrooms: _____ Is there a complete bath? _____
5. How many people live in the unit? _____
6. Are any of the current occupants disabled or handicapped? _____
7. Please list the items that you feel need replaced or repaired in your home:

8. Have you received public funding, CHIP, or a commitment for rehabilitation on this property in the past? If so, please explain both the type of commitment and why additional funding is necessary.



9. Have you received Weatherization through Community Action? _____ If so, when _____.

10. If the rehabilitation of this property is approved and conditions require you to vacate the property while certain work is completed, would you agree to relocate for the required period of time and would you have a place where you would be safe?

Yes ___ No___ Where_____ Cost to you, if any_____(per day)

11. Do you own other property/land? _____Yes _____No If so, where is it located?_____.

12. I certify that I am _____/ am not _____ (check one) an employee or a family member (grandparent, parent, spouse, children – whether dependent or not, grandchildren, brother, sister, or any person related by blood or marriage and residing in the same household) of an employee of an elected official of Clermont County.



DOCUMENTATION OF INCOME

ANTICIPATED ANNUAL INCOME: Complete the chart below to indicate **anticipated income** in the next twelve months for all adult household members (i.e., use current wage rate over 12 months as well as anticipated overtime, bonuses, etc.). Only that income from family members residing in the household who have reached the age of 18 is to be included. This includes wages and salaries, overtime pay, commissions, fees, tips, bonuses; interest, dividends, and other net income from real or personal property; social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment pay, worker's compensation and severance pay; welfare assistance; alimony and child support; and pay received as a member of the Armed Forces.

ANTICIPATED ANNUAL INCOME					
Family Member (Only those that are over 18 but not in high school)	All earned income (yearly)	Benefits/ Pensions (yearly)	Public Assistance (yearly)	Other (child support, alimony, asset income) (yearly)	Total Income per Family Member (yearly)
Totals	.				

Please provide proof of all income for the past 30 days.

Total Annual Income \$

Household Size: _____ (Do not include foster children, live-in aides, unborn children, children being pursued for legal custody or adoption that are not living in home, or children in shared custody or adoption that are living in home less than 60% of the time.)

FOR OFFICE USE ONLY

100% of Median Income for Household Size:

\$_____

Percent of Median Income:

%



HOMEOWNER INSURANCE _____ PHONE _____

If you do not have any of the following - please state NONE _____

I. SAVING/CHECKING ACCOUNTS

Name and Number

_____	_____
_____	_____
_____	_____
_____	_____

II. PAYMENT (ALIMONY, CHILD SUPPORT) list the amount of child support/alimony you pay below:

_____	_____
_____	_____

QUESTIONS FOR APPLICANTS AND CO-APPLICANTS	APP	CO-APP
--	-----	--------

- | | | |
|--|-------|-------|
| 1. Do you have any outstanding judgments? | _____ | _____ |
| 2. In the last 7 years have you received bankruptcy? | _____ | _____ |
| 3. Have you had property foreclosed upon? | _____ | _____ |



CERTIFICATION AS TO VERACITY

The undersigned certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining rehabilitation assistance and is true and complete to the best of the undersigned's knowledge and belief.

The undersigned agrees to occupy the property as his/her/their primary residence and represents that the property will not be used for any illegal or restricted purpose that would lead to forfeiture of, modification of, or other deleterious effect on the property; and he/she/they agree to remain in conformity with any agreement, law regulation or order governing the present use of the property, including, but not limited to, health regulation regarding the use, maintenance and location of septic tank leach beds.

The undersigned agrees to allow Clermont County to verify any of the information contained in this application may be obtained from any source, upon the written request of the County, or their representatives, to the agency or individual having that information.

The undersigned acknowledges that the County will retain the original or copies of this application, even if assistance is not granted. Under the Right to Financial Privacy Act of 1978, the U.S. Department of Housing and Urban Development has a right to financial records held by grantees and sub-grantees in connection with the consideration or administration of assistance to the undersigned. The undersigned hereby authorizes access to and disclosure of all information contained herein and elsewhere in support of this application to the Ohio Department of Development. Financial records involving the undersigned's transactions will be available to HUD and ODOH without further notice to or authorization by the undersigned but will not be disclosed or released to another agency or department without the undersigned's consent except as required or permitted by law.

The undersigned fully understands that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, U.S. Code, Section 1001.

Signature: _____ date _____

Signature: _____ date _____

Witness: _____ date _____



Date: _____

Dear _____ :

On _____ you applied for assistance to make repairs to your home at.

This is a notice of non-displacement. You will NOT be required to move, either permanently or temporarily as a result of the rehabilitation process. This notice guarantees you the following:

1. You will be able to continue occupancy of your present home during and after rehabilitation is complete. Of course, you must continue to comply with the reasonable terms and conditions of your mortgage.
2. If, due to unforeseen circumstances you must move temporarily so that repairs can be completed, you will be reimbursed for all of your extra expenses, including the cost of moving and any additional housing costs. The temporary unit will be decent, safe and sanitary, and all other conditions of the temporary move will be reasonable. Costs resulting from the temporary relocation will be included in the total of your rehabilitation loan, and considered as part of total regarding maximum assistance received etc.

Again, DO NOT MOVE. If you elect to move for your own reasons, you will not receive any relocation assistance. We will make every effort to accommodate your needs. Because Federal assistance is involved, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

If you have any questions, please contact: _____

Remember; do not move unless we have a chance to discuss your eligibility for assistance. This letter is important to you and should be retained.

Sincerely,

CHIP PROGRAM DIRECTOR

I have read this document. _____ Date: _____
Homeowner

Homeowner Date: _____



ATTACHMENTS:

1. Fair Housing brochure
2. Lead Base paint brochure

